

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002655

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

228

Primary Registration District No.

5823

Registrar's No.

3

FILED JAN 21 1963

1. PLACE OF DEATH

a. COUNTY

NEW MADRID

b. CITY (if outside corporate limits, give TOWNSHIP only)

NEW MADRID

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION

No.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

NEW MADRID

c. CITY OR TOWN

NEW MADRID

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(if outside, give location)

722 RUSSELL

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

SALLIE

First

WASHINGTON

Last

4. DATE OF DEATH

Month

Day

Year

JAN - 15 - 1963

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

July 4 - 1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

NEW MADRID, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY PENFROE

13b. MOTHER'S MAIDEN NAME

UNK

14. NAME OF HUSBAND OR WIFE

Eddie WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

George Smith, 5165 VERNON ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage - (Stroke)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension Arteriosclerosis

DUE TO (c)

Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-15-1963 to 1-15-63 and last saw her alive on dead

Death occurred at 2:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O.B. Chandler M.D.

22b. ADDRESS

New Madrid Mo

22c. DATE SIGNED

1-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1/20/63

23c. NAME OF CEMETERY OR CREMATORY

SAND HILL

23d. LOCATION (City, town, or county)

NEW MADRID, MO.

24. FUNERAL DIRECTOR

ADDRESS

Richards Funeral Home

25. DATE RECD. BY LOCAL REG.

1-17-63

26. REGISTRAR'S SIGNATURE

Jay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

2721

26721

3

4 3

5 2

6

7 0

8 2

9331X

10

11

12 10-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *F. B. Hudgins*

Licensed Embalmer No. 3843

P. O. Address New Madrid - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 1-15-63